

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

8698

929

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		a. STATE Kansas		b. COUNTY Wyandotte	
c. LENGTH OF STAY (in this place) 2 Days		d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital, K.C. Mo.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) 717 North 8th. Street	
3. NAME OF DECEASED (Type or Print)		a. (First) Virginia		b. (Middle) (Foley)		c. (Last) Wing	
4. DATE OF DEATH		(Month) (Day) (Year)		February 28, 1949			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 15, 1925	9. AGE (In years last birthday) 24-1-15	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee, Bell Telephone Company K.C.K.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edwin C. Foley		13b. MOTHER'S MAIDEN NAME Anna Canary		14. NAME OF HUSBAND OR WIFE Robert L. Wing			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 389-22-8081		17. INFORMANT'S SIGNATURE OR NAME Robert L. Wing, 717 No. 8th.		ADDRESS K.C.K.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Esophageal Hemorrhage		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Toxic nodular embolism of				3 days	
DUE TO (b)		DUE TO (c)				1 year	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		5810					
19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION no				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-1-1948, to 2-28-1949, that I last saw the deceased alive on 2-27-1949 and that death occurred at 4:05 a.m., from the causes and on the date stated above.							
23a. SIGNATURE John T. Skinner (Degree or title) MD U				23b. ADDRESS 1102 Grand K.C.Mo		23c. DATE SIGNED 2-28-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE March 3, 1949		24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City Kansas	
DATE REC'D BY LOCAL REG 2-28-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Jos. A. Butler's Sons		ADDRESS 22 So. 18th. K.C.K.	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3426 Mo

P. O. Address Kansas City Kansas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.